

PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with the applicable fees, to:

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Assistant Commissioner for Patents
Washington, D.C. 20231

APR 18 2001

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

001444
BROWDY AND NEIMARK, P.L.L.C.
624 NINTH STREET, NW
SUITE 300
WASHINGTON DC 20001-5303

HM12/0227

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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/202, 181	12/10/98	012	ZEMAN, R	1645 02/27/01
First Named Applicant REISNER,		35 USC 154(b) term ext.	=	0 Days.

TITLE OF INVENTION HUMAN MONOCLONAL ANTIBODIES TO THE HEPATITIS B SURFACE ANTIGEN

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 REISNER=5	424-149.100	C71	UTILITY	YES	\$620.00	05/29/01
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.383). Use of PTO form(s) and Customer Number are recommended, but not required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.383). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

Browdy & Neimark

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Yeda Research & Development Co. Ltd, XTL Biopharmaceuticals Ltd
(B) RESIDENCE: (CITY & STATE OR COUNTRY) *Rehovot, Israel* both of

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual incorporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee

Advance Order - # of Copies *10*

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER *02-4035*

(ENCLOSE AN EXTRA COPY OF THIS FORM)

Issue Fee

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)
4-10-01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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04/11/2001 TRENCH 00000048 09202181

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02 FC:551*

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